

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553063

FILING DATE

07 SEP 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		3		/		
7		0		/		
8		0		/		
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27		1		/		
28		2		/		
29		2		/		
30		0		/		
31		0		/		
32		0		/		
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37		0		/		
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41		0		/		
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46						
47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	47		43			
TOTAL CLAIMS	49		45			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY